

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - DO NOT MARK ABOVE			
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON		DATE OF CRASH: DAY SAT TIME: MILITARY 1745	
CRASH OCCURRED ON				PRIVATE PROPERTY (KROGER'S)				WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE			
MILES 300 FEET				S E OF Columbus Ave.				8321			
LOG-1		LOG-2		LOC JUR FH9 FILT							
A	UNIT NO. 1	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		SAFECO Ins. Co.			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)							
CONNELLY, CHARLES E.				1332 SHEPHERDS WAY CLARKSVILLE, OH 45113							
PHONE NO. 937-289-2733		BIRTH DATE 1MO 13 19Y5		AGE 68	SEX M	SOCIAL SECURITY NO. 268-40-3202		STATE OH	DRIVER'S LICENSE NO. PV406867		OCCUPATION UNKNOWN
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE			
SAME				SAME				SAME			
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR		
2005	FORD	TRUCK		BLACK	TRK	OH	GDR7555	NONE	FROM N TO S		
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8		UNIT NO. 2	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT		PROGRESSIVE Ins. Co.		
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)							
ARMSTRONG, SCOTT P.				971 GREENGATE DRIVE Lebanon, OH 45036							
PHONE NO. 937-367-6821		BIRTH DATE 1m 12 09 17 Y7		AGE 36	SEX M	SOCIAL SECURITY NO. 572-49-4751		STATE OH	DRIVER'S LICENSE NO. RC776353		OCCUPATION UNKNOWN
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE			
SAME				SAME				SAME			
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR		
2006	TOYOTA	SCION		SILVER	HB	OH	DSP9116	-	FROM N TO S		
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		INJURIES		
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F		
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	A B C D E F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
		ADDRESS		PHONE		SEX	A B C D E F		CONDITION		
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	A B C D E F		A B C D E F		
		ADDRESS		PHONE		SEX	A B C D E F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	A B C D E F		RESTRAINTS		
		ADDRESS		PHONE		SEX	A B C D E F		ALCOHOL		
A	B	C	INJURED TAKEN TO		By		A B C D E F		A B C D E F		
D	E	F	INJURED TAKEN TO		By		A B C D E F		A B C D E F		
A	B	C	OFFENSE CHARGED AND DESCRIPTION		None		A B C D E F		A B C D E F		
O	B	C	OFFENSE CHARGED AND DESCRIPTION		None		A B C D E F		A B C D E F		
RECEIVED CALL 1745		DISPATCHED 1746		ARRIVED 1748		CLEARED 1759		OTHER TIME 20		TOTAL MINUTES 31	
DATE REPORT FILED 9/21/14		PHOTOS YES NO		OFFICER'S NAME H. TODD		BADGE NO. 116		CHECKED BY		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	
										1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	

LOCAL FILE NO.

14-16245

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION